

## **METRA Transit System ADA Complaint Form**

In compliance with the Americans with Disabilities Act of 1990, the Columbus Consolidated Government/METRA Transit System operates all of its programs and provides public transportation services without regard to disability. Anyone who believes that they have been subject to unlawful discriminatory practice due to a disability by METRA transit System has the right to file an ADA complaint with the City of Columbus. The complaint must be filed within 180 days from the date of the alleged discrimination.

The information you provide is necessary to assist us in processing your complaint. If assistance is needed in completing this form, please call METRA at 706-225-4596. The completed form must be sent to METRA Transit System, 814 Linwood Blvd., Columbus, GA 31901.

Name: \_\_\_\_\_

Phone and Alternate Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Person(s) discriminated against (if someone other than complainant): \_\_\_\_\_

Contact Information: \_\_\_\_\_

Please describe the alleged discrimination incident as accurately as possible including names, dates, and times. Provide the names of all METRA Transit System employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is needed.

---

---

---

---

---

---

I affirm that I have read the above charge and that it is true to the best of my knowledge.

Complainant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_